EFFECTIVE JULY 1, 2024
ADMIN SUPPORT FOR PANZYGA NOW AVAILABLE

panzyga®
Immune Globulin Intravenous (Human) - ifas 10% Liquid Preparation

Billing and Coding Information

INDICATIONS AND USAGE

PANZYGA (Immune Globulin Intravenous [Human] - ifas) is indicated for the treatment of primary humoral immunodeficiency (PI) in patients 2 years of age and older; this includes, but is not limited to, congenital agammaglobulinemia, common variable immunodeficiency, X-linked agammaglobulinemia, Wiskott-Aldrich syndrome, and severe combined immunodeficiencies; chronic immune thrombocytopenia (cITP) in adults to raise platelet counts to control or prevent bleeding; and chronic inflammatory demyelinating polyneuropathy (CIDP) in adults to improve neuromuscular disability and impairment.

SELECTED SAFETY INFORMATION

WARNING: THROMBOSIS, RENAL DYSFUNCTION, AND ACUTE RENAL FAILURE

- **Thrombosis may occur with immune globulin intravenous (IGIV) products, including PANZYGA. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling central vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.**
- **Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur in predisposed patients who receive IGIV products, including PANZYGA. Patients predisposed to renal dysfunction include those with a degree of pre-existing renal insufficiency, diabetes mellitus, age greater than 65, volume depletion, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs. Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. PANZYGA does not contain sucrose.**
- **For patients at risk of thrombosis, renal dysfunction, or acute renal failure, administer PANZYGA at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity. [*see Full Prescribing Information, Warnings and Precautions (5.2, 5.4)*]**

The information provided in this document is intended for informational purposes only and is not a comprehensive description of potential coding requirements for PANZYGA. Coding and coverage policies change periodically and often without warning. The codes shown here are only general suggestions and are not intended to encourage or suggest a use of any drug that is inconsistent with FDA-approved use.

The healthcare provider is solely responsible for determining coverage and reimbursement parameters and accurate and appropriate coding for treatment of his/her own patients. The information provided in this document should not be considered a guarantee of coverage or reimbursement for PANZYGA.

Please see Important Safety Information on pages 10-11 and click here for Full Prescribing Information, including BOXED WARNING and Patient Information and Instructions for Use.

Pfizeriguide™

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Introduction and Pfizer IGuide™ Hub

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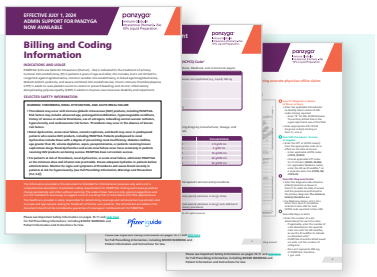
For your patient claim submissions for PANZYGA, Pfizer is committed to providing billing and coding information for the following FDA-approved indications:

1. Chronic inflammatory demyelinating polyneuropathy (CIDP) in adults
2. Primary humoral immunodeficiency (PI) in patients 2 years of age and older
3. Chronic immune thrombocytopenia (cITP) in adults

We have developed this guide to provide you with general coding information and claims submission details for PANZYGA.



Pfizer iguide™

When you've decided PANZYGA is appropriate for your patient, Pfizer IGuide™ may help.

Enroll your patients in Pfizer IGuide™ for support

For enrolled patients, the Pfizer IGuide™ team can:

- Conduct a benefits verification to determine your patient's coverage for PANZYGA including out-of-pocket costs
- Determine payer requirements and provide information about the prior authorization process and appeals process as needed*
- Enroll eligible patients within the PANZYGA Co-Pay† and PANZYGA Admin Support Co-Pay Programs‡

For additional information, click here to visit the Pfizer IGuide™ website

If you have any questions or need additional assistance, please call Pfizer IGuide™ at 1-844-448-4337, 8 AM to 8 PM ET, Monday through Friday

*Please note where a PA is required, the physician must submit required information directly to the patient's insurer.
†Terms and conditions apply. Patients must be 2 years or older to be eligible. Patients must have commercial insurance to be eligible. Patients are not eligible if they are enrolled in a state or federal insurance program. Click here for full Terms and Conditions.
‡Terms and conditions apply. Patients must have commercial insurance to be eligible. Patients are not eligible if they are enrolled in a state or federal insurance program. Only applies in the U.S. and Puerto Rico. This program is not valid for Massachusetts or Rhode Island residents. Click here for full Terms and Conditions.

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Coding and Reimbursement for PANZYGA

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This section describes the types of codes that are likely to be most relevant to claims for PANZYGA. PANZYGA is a solution for infusion to be administered intravenously (IV) in an infusion center, physician's office, or at home by a trained healthcare provider.

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes[1]

ICD-10-CM diagnosis codes are used for identifying and documenting a patient's specific diagnosis. These codes are used by all healthcare providers, and are recognized by all insurers. Local coverage determinations and articles should be consulted for additional covered indications.

D69	Purpura and other hemorrhagic conditions
D69.3	Immune thrombocytopenia purpura *Hemorrhagic (thrombocytopenic) purpura* *Idiopathic thrombocytopenic purpura* *Tidal platelet dysgenesis*
D80	**Immunodeficiency with predominantly antibody defects**
D80.0*	Hereditary hypogammaglobulinemia *Autosomal recessive agammaglobulinemia (Swiss type)* *X-linked agammaglobulinemia [Bruton] (with growth hormone deficiency)*
D80.1	Nonfamilial hypogammaglobulinemia *Agammaglobulinemia with immunoglobulin-bearing B-lymphocytes* *Common variable agammaglobulinemia [CVAgamma]* *Hypogammaglobulinemia NOS*
D80.2*	Selective deficiency of immunoglobulin A [IgA]
D80.3*	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4*	Selective deficiency of immunoglobulin M [IgM]
D80.5*	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6*	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7*	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects *Kappa light chain deficiency*
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81	**Combined immunodeficiencies**
D81.0*	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1*	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2*	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.4	Nezelof's syndrome

Table continues on the next page.

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Coding and Reimbursement for PANZYGA (continued)

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D81	**Combined immunodeficiencies (continued)**
D81.5*	Purine nucleoside phosphorylase [PNP] deficiency
D81.6*	Major histocompatibility complex class I deficiency *Bare lymphocyte syndrome*
D81.7*	Major histocompatibility complex class II deficiency
D81.82*	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]
D81.89*	Other combined immunodeficiencies
D81.9*	Combined immunodeficiencies, unspecified *Severe combined immunodeficiency disorder [SCID] NOS*
D82	**Immunodeficiency associated with major other defects**
D82.0*	Wiskott-Aldrich syndrome *Immunodeficiency with thrombocytopenia and eczema*
D82.1*	Di George's syndrome *Pharyngeal pouch syndrome* *Thymic alymphoplasia* *Thymic aplasia or hypoplasia with immunodeficiency*
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus *X-linked lymphoproliferative disease*
D82.4*	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
D83	**Common variable immunodeficiency**
D83.0*	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1*	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2*	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8*	Other common variable immunodeficiencies
D83.9*	Common variable immunodeficiency, unspecified
D84	**Other immunodeficiencies**
D84.9	Immunodeficiency, unspecified *Immunocompromised NOS* *Immunodeficient NOS* *Immunosuppressed NOS*
G11	**Hereditary ataxia**
G11.3*	Cerebellar ataxia with defective DNA repair *Ataxia telangiectasia [Louis-Bar]*
G61	**Inflammatory polyneuropathy**
G61.81	Chronic inflammatory demyelinating polyneuritis

*Medicare Part B-approved diagnosis codes for treatment with PANZYGA in the home. All other diagnoses may qualify for coverage under Medicare Part D plans.[2]

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Healthcare Common Procedure Coding System (HCPCS) Code[3]

HCPCS codes are used for billing drugs and services to Medicare, Medicaid, and commercial payers.

Code	Description
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
Additional information required by most payers on claim forms:	• Branded/generic name • Strength • Dosage administered • Route of administration • National Drug Code (NDC)
Some payers may also request:	• Package insert • Drug purchase invoice • Documentation to support medical necessity

PANZYGA National Drug Codes (NDCs)[4]

An NDC is a universal, unique, 3-segment number identifying drugs by manufacturer, dosage, and package size. NDCs are used for billing drugs and biologicals.

Billing NDC	Carton NDC	Concentration
00069-1109-01	00069-1109-02	2.5 g/25 mL
00069-1224-01	00069-1224-02	5 g/50 mL
00069-1312-01	00069-1312-02	10 g/100 mL
00069-1415-01	00069-1415-02	20 g/200 mL
00069-1558-01	00069-1558-02	30 g/300 mL

Current Procedural Terminology (CPT®)* Codes[5]

CPT codes describe the medical, surgical, diagnostic, and therapeutic services and procedures.

Code	Description
96365	IV infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	IV infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)

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Coding and Reimbursement for PANZYGA (continued)

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CODES FOR HOME INFUSION/SPECIALTY PHARMACIES

Home Infusion Therapy[2,3]

HCPCS per diem S-codes and CPT codes for nursing are used by commercial payers and Medicaid to report drugs, services, and supplies. These codes are not payable by Medicare for home infusion.

Code	Description
S-codes	
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
CPT codes	
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
99602	Home infusion/specialty drug administration, each additional hour (list separately in addition to code for primary procedure)

Medicare Home Administration of Intravenous Immune Globulin (IVIg)[6]

Beginning January 1, 2024, Medicare provides a permanent benefit in the form of a bundled payment under Medicare Part B for items and services that are necessary for the in-home administration of covered IVIg for the treatment of PI. PANZYGA (J1576) is on the list of covered IVIg drugs for PI eligible for use of the bundled administration code (Q2052) in cases where the patient/beneficiary does not have an active home health episode of care.

Code	Description
Q2052	Services, supplies and accessories used in the home for the administration of intravenous immune globulin (IVIg)

Codes are subject to change.

Please see Important Safety Information on pages 10-11 and click here for Full Prescribing Information, including BOXED WARNING and Patient Information and Instructions for Use.

Sample Claim Form

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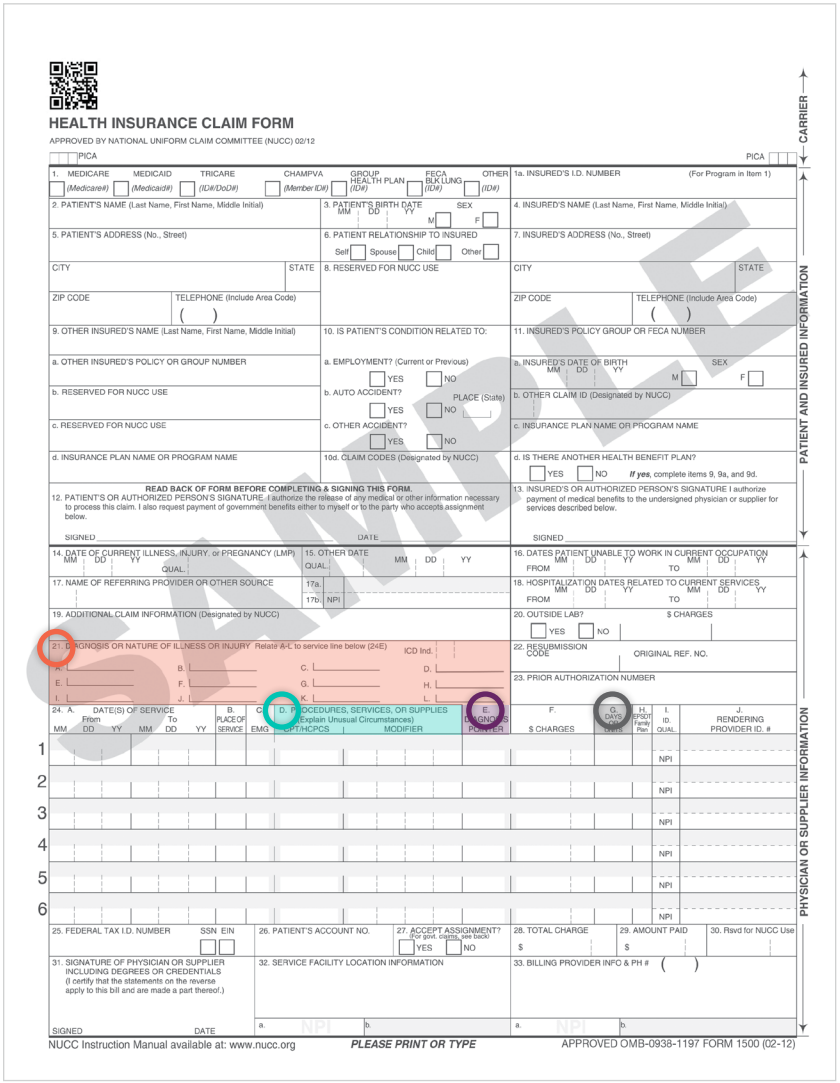
This section offers providers guidance in submitting accurate physician office claims for administration of PANZYGA.

Sample Physician Office Claim Form (CMS-1500)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

SAMPLE

Item 21: Diagnosis or Nature of Illness or Injury

- Enter the applicable ICD indicator to identify which version of ICD codes is being reported
  - Enter "**0**" for ICD-10-CM between the vertical, dotted lines in the upper right-hand area of the field
- Enter appropriate ICD-10-CM diagnosis code(s) starting on Item 21, Line A

Item 24D: Procedures, Services, or Supplies

- Enter the CPT or HCPCS code(s) from the appropriate code set in effect on the date of service
  - Enter applicable HCPCS codes **(J1576, Q2052)**
  - Include applicable CPT codes for IV infusion **(96365, 96366)**
  - For applicable Medicare claims, enter the JW **or** JZ modifier* on a separate claim line **(J1599-JW, J1599-JZ)**

Item 24E: Diagnosis Pointer

- Enter the diagnosis code reference letter(s) (pointer) as shown in Item 21 to relate the date of service and the procedures performed to the primary diagnosis. **The reference letter(s) should be A–L**
- For Medicare claims, only 1-line letter from Item 21 should be entered in Item 24E for each HCPCS code reported in Item 24D

Item 24G: Days or Units

- Enter the number of units administered for each line item
  - If applicable, enter the number of units discarded on the separate claim line with the JW modifier, **or** use the JZ modifier to indicate no discarded units*
  - PANZYGA should be billed based on units, not the number of milligrams
  - One unit represents 500 mg of PANZYGA, therefore, 1 g=2 units

*JW – Drug amount discarded/not administered to any patient. JZ – Zero drug amount discarded/not administered to any patient.[3]

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PANZYGA Co-Pay Program

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PANZYGA Co-Pay Assistance Is Available for Eligible Patients

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Eligible, commercially insured patients may reduce out-of-pocket costs by up to $12,500 per year or the cost of a patient's co-pay in a 12-month period, whichever is less.*

Eligible, commercially insured patients may receive co-pay Admin Support of up to $1,500 per calendar year to reduce out-of-pocket costs related to the administration of PANZYGA.†

*Terms and conditions apply. Patients must be 2 years or older to be eligible. Patients must have commercial insurance to be eligible. Patients are not eligible if they are enrolled in a state or federal insurance program.

†Terms and conditions apply. Patients must have commercial insurance to be eligible. Patients are not eligible if they are enrolled in a state or federal insurance program. Only applies in the U.S. and Puerto Rico. This program is not valid for Massachusetts or Rhode Island residents.

Click here **for full Terms and Conditions.**

If you have any questions about the available co-pay assistance through the PANZYGA Co-Pay Program, please call Pfizer IGuide™ at 1-844-448-4337, 8 AM to 8 PM ET, Monday through Friday.

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Indications and Usage and Important Safety Information

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- **Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur in predisposed patients who receive IGIV products, including PANZYGA. Patients predisposed to renal dysfunction include those with a degree of pre-existing renal insufficiency, diabetes mellitus, age greater than 65, volume depletion, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs. Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. PANZYGA does not contain sucrose.**
- **For patients at risk of thrombosis, renal dysfunction, or acute renal failure, administer PANZYGA at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity. [*see Full Prescribing Information, Warnings and Precautions (5.2, 5.4)*]**

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Indications and Usage and Important Safety Information

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IMPORTANT SAFETY INFORMATION (CONTINUED)

Contraindications

PANZYGA is contraindicated in patients who have a history of severe systemic hypersensitivity reactions, such as anaphylaxis, to human immunoglobulin and in IgA-deficient patients with antibodies against IgA and history of hypersensitivity.

Warnings and Precautions

Monitor renal function, including blood urea nitrogen and serum creatinine, and urine output in patients at risk of developing acute renal failure.

Hyperproteinemia, increased serum osmolarity, and hyponatremia may occur in patients receiving PANZYGA.

Aseptic meningitis syndrome may occur in patients receiving PANZYGA, especially with high doses or rapid infusion.

Hemolysis that is either intravascular or due to enhanced red blood cell sequestration can develop subsequent to PANZYGA treatments. Risk factors for hemolysis include high doses and non-O-blood group. Closely monitor patients for hemolysis and hemolytic anemia.

Monitor patients for pulmonary adverse reactions (transfusion-related acute lung injury [TRALI]).

Monitor blood pressure prior to, during, and following PANZYGA infusion.

Carefully consider the relative risks and benefits before prescribing the high dose regimen (for cITP) in patients at increased risk of volume overload.

PANZYGA is made from human plasma and may contain infectious agents, e.g. viruses and theoretically, the Creutzfeldt-Jakob disease agent.

Adverse Reactions

PI – The most common adverse reactions (>5% study subjects) were headache, nausea, fever, fatigue, and abdominal pain.

cITP in adults – The most common adverse reactions (>5% study subjects) were headache, fever, nausea, vomiting, dizziness, and anemia.

CIDP in adults – The most common adverse reactions (>5% study subjects) were headache, fever, dermatitis, and blood pressure increase.

The risk information provided here is not comprehensive; see full Prescribing Information and Boxed Warning for PANZYGA.

You are encouraged to report adverse events related to Pfizer products by calling 1-800-438-1985 (US only). If you prefer, you may contact the US Food and Drug Administration (FDA) directly. Visit www.fda.gov/MedWatch or call 1-800-FDA-1088.

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References

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1. National Center for Health Statistics. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM): 2024 Codes Tables and Index. Accessed June 3, 2024. https://www.cdc.gov/nchs/icd/Comprehensive-Listing-of-ICD-10-CM-Files.htm
2. Centers for Medicare and Medicaid Services. Billing and coding: immune globulin intravenous (IVIg). Accessed June 3, 2024. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57187
3. Centers for Medicare and Medicaid Services. Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) application summaries and coding recommendations. Accessed May 3, 2023. https://www.cms.gov/files/document/2023-hcpcs-application-summary-quarter-1-2023-drugs-and-biologicals-updated-04/28/2023.pdf
4. PANZYGA. Prescribing Information. Octapharma USA Inc.; 2022. Accessed June 3, 2024. https://labeling.pfizer.com/ShowLabeling.aspx?id=12355
5. American Medical Association. CPT®/Medicare Payment Search. Accessed June 3, 2024. https://apps.ama-assn.org/CptSearch/user/search/cptSearch.do
6. Centers for Medicare and Medicaid Services. Intravenous Immune Globulin Demonstration: fact sheet. Accessed June 3, 2024. https://www.cms.gov/files/document/mln3191598-intravenous-immune-globulin-demonstration.pdf

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